HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 67 Automated External Defibrillator Devices
SPONSOR(S): Sobel
TIED BILLS: **IDEN./SIM. BILLS:** SB 252

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care General Committee	9 Y, 0 N	Ciccone	Brown-Barrios
2) Governmental Operations Committee		Brazzell	Williamson
3) Health Care Appropriations Committee			
4) Health & Families Council			
5)			

SUMMARY ANALYSIS

HB 67 permits the granting of funds from the Emergency Medical Services Trust Fund through the Emergency Medical Services Grant Program to certain youth athletic organizations to expand the use of automatic external defibrillators in the community.

HB 67 also requires the Department of Health to implement an educational campaign to inform persons who acquire an automated external defibrillator device about liability immunity provided under current law.

Depending on the media used for the educational campaign, a minimal fiscal impact may be incurred by the Department of Health to implement the educational campaign required in the bill.

The effective date of this bill is July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provides Limited Government – HB 67 expands the permissible uses for funds allocated to counties from the Emergency Medical Services Trust Fund.

B. EFFECT OF PROPOSED CHANGES:

Background

Section 401.104, F.S., establishes the legislative intent that

> [E]mergency medical services are essential to the health and well-being of all citizens and that private and public expenditures for adequate emergency medical services represent a constructive and essential investment in the future of the state and our democratic society. A major impediment to the provision of adequate and economic emergency medical services to all citizens is the inability of governmental and private agencies within a service area to respond cooperatively to finance the systematic provision of such services.

The Emergency Medical Services Grant Program was established to address this impediment.

The Department of Health (DOH) is authorized to dispense grant monies from the Emergency Medical Services Trust Fund according to the distribution formulas provided in s. 401.113(a) and (b), F.S., as follows:

- Forty-five percent of the monies collected by the DOH must be divided among the counties according to the proportion of the combined amount deposited in the trust fund from the county. An individual board of county commissioners may distribute these funds to emergency medical service organizations within the county, as it deems appropriate [s. 401.113(a)].
- Forty percent of the monies collected by DOH are for making matching grants to local agencies, municipalities, and emergency medical services organizations for the purpose of conducting research, increasing existing levels of emergency medical services evaluation, community education, injury prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques [s. 401.113(b)]. These funds are awarded based on a formal review process involving local emergency medical services personnel from across the state.

During FY 2004-05, 66 of the 67 counties applied to receive county grant funds totaling $5.2 million under s. 401.113(a), F.S., including $236,314 carried over from the previous fiscal year. During FY 2004-05, a total of 151 applications for matching grants were received, with 63 being funded; the funds awarded totaled $4.42 million.

According to a number of articles in *The Physician and Sportsmedicine,* there is increased interest to provide access to automatic external defibrillators at national local sporting events. Specifically, an article written by Dr. Aaron Rubin, *The Physician and Sportsmedicine*, Vol 28 No.3, March 2000, reads:

> Although sudden cardiac death is rare in sports, having an automated external defibrillator (AED) available facilitates early defibrillation and increases the chance of survival for an athlete in cardiac arrest. In sudden cardiac arrest, the most frequent initial rhythm is ventricular fibrillation (VF). The only effective treatment for VF is electrical defibrillation and the probability of success declines rapidly over time. Chances of resuscitation decrease 7 percent to 10 percent each minute.

Earlier articles in the same publication: Automatic External Defibrillators in the Sports Arena: The Right Place, The Right Time, Vol, 26 No 12, December 1998, support the benefits of having an AED accessible to athletes during sporting events. "In large sports settings, AEDs can supplement standby EMS services. At sports events in small towns or venues, the AED may be the only means available to effect early defibrillation."

Proposed Changes

The bill expands the list of eligible participants in the Emergency Medical Services Grant Program to include youth athletic organizations who work in conjunction with local emergency medical services organizations. The bill permits youth athletic organizations to apply for grants for the purpose of expanding the use of automatic external defibrillators in the community.

The bill directs the Department of Health to implement an educational campaign to inform any person who acquires an automated external defibrillator device that his or her immunity from liability under s. 768.1325, F. S., for harm resulting from the use or attempted use of the device, does not apply if he or she fails to properly maintain and test the device or provide appropriate training in the use of the device.

C. SECTION DIRECTORY:

Section 1 adds s. 401.107(6) and (7), F.S., providing definitions of "youth athletic organization" and "automatic external defibrillator".

Section 2 amends s. 401.111, F.S., to include youth athletic organizations as eligible participants in the emergency medical services grant program.

Section 3 amends s. 401.113(a) and (b), F.S., to include youth athletic organizations as eligible participants in the emergency medical services grant program.

Section 4 creates an unnumbered section of law requiring the Department of Health to implement an educational campaign regarding liability immunity during use of automated external defibrillator devices.

Section 5 provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None. This bill does not create, modify, amend, or eliminate a state revenue source.

2. Expenditures:

The Department of Health has not determined costs to implement the educational campaign outlined in the bill. A minimal cost would be incurred if the department were to use the state's website to provide the information regarding equipment maintenance, testing and user training.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

This bill amends the Emergency Medical Services Grant Program, under which some local governments receive funding. The bill expands the potential number of participants but does not expand the funding available. Greater competition may lead to some local governments not being awarded funds which they might have otherwise received if competition had been less.

2. Expenditures:

None. This bill does not create, modify, amend, or eliminate local expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill expands the potential number of participants but does not expand the funding available. Thus some youth athletic organizations may receive grant funds to purchase automatic external defibrillators; it is undetermined how many such organizations would receive grant monies. However, greater competition may lead to some private emergency medical services organizations not being awarded funds which they might have otherwise received if competition had been less. The number of such organizations is indeterminate.

D. FISCAL COMMENTS:

See above.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to spend funds or to take actions requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with cities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Health has sufficient rulemaking authority to implement the requirements of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

None.